

ANNUAL REPORTS

The contractor shall submit the following management reports in magnetic medium or a disc. These reports shall contain information about contractor performance, plans, and problems in administering the contract. These reports shall require separate breakouts of data for network and non-network providers, TRICARE Prime and TRICARE Extra and TRICARE Standard, and *Prime service* and non-*Prime service* areas. The format for these reports shall be agreed upon by the Contracting Officer, Regional Director, and the contractor. Copies of the reports are either furnished to or through the Regional Director.

1.0. CLINICAL QUALITY MANAGEMENT ANNUAL REPORT

The contractor shall submit to the Regional Director and TMA, no later than 90 calendar days following the end of each option period, a report of the CQMP activities; problems identified and resolved; ongoing problems and corrective action plans; improvements in the care provided to beneficiaries and the contractor's operations. The report shall be formatted as follows:

- Table of Contents
- Executive Summary
- Quality Improvement Plan Review
 - Outcomes of Quality Improvement Initiatives
 - Outcomes of Research and/or Clinical Quality Studies
 - Summary of Patient Safety/Quality Issue Findings
- Summary of National Quality Monitoring Contractor (NQMC) Interface with CQMP
- Summary of CQMP Interface with the Regional Director

2.0. FRAUD PREVENTION SAVINGS REPORT

At least annually, the contractor shall report to the TMA Program Integrity Office the potential dollar amounts saved as a result of the activities/intervention of the anti-fraud/investigative units (e.g., disallowed services that otherwise would have been paid if the provider suspected of billing the program inappropriately had not been placed on prepayment review).

